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COVER LETTER

	egistration Sec ivision of Corp				
SUBJECT		NDS PARTNERS, LLC			
	·	Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	· ·		
		CHARLES L STARR			
			Name of Person		
		SILVER SANDS PARTN	ERS, LLC		
			Firm/Company		
1626 RINGLING BLVD, STE 500					
			Address		
		SARASOTA, FL 34236			
		LSTARR@R1A.COM	City/State and Zip Code	7016 1016	-11
		E-mail address: (to be used for future annual report notifica	tion)	**************************************
For further	information co	ncerning this matter, please co	all:	AREA SEELT	हु-कु-
KAROLIN	A WIECZORI	EΚ	941 387-1200	To To	
	Name of	Person	at ()	elephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER SANDS PARTNERS, LLC (Name of the Limited Liability Compar (A Florida Limited L	1v as it now appears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company of Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new
•		5. 2
New Registered Office Address:	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I an	n familiar-with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DAVID H ROSENBERG	1626 RINGLING BLVD, STE 500	
		SARASOTA, FL 34236	■ Remove
			Change
MGR	CHARLES L STARR	1626 RINGLING BLVD, STE 500	■ Add
		SARASOTA, FL 34236	Remove
			☐ Change
			
			☐ Remove
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Affective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and is block does not it	d cannot be prior to meet the applicat	date of filing or mo le statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605.020)7 (3 s th
e record specifies a dela The 90th day after the			an effective ti	me, at 12:01 a.r	n. on the earlier (of:
JUNE 23		2016	_•			
<u> </u>	5					
	Signature of a	member or author	zed representative	of a member		

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Filing Fee: \$25.00